

CITY OF PORTLAND, OREGON
CONDITION AT MOVE-IN



MOVE-IN DATE _____ PROPERTY NAME / NUMBER _____
 RESIDENT NAME(S) _____

 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 # OF BEDROOMS _____ # OF BATHROOMS _____
 DATE DUE TO OWNER/AGENT _____ (WITHIN 7 DAYS OF MOVE-IN)

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED	
LIVING ROOM/ENTRY					
1	Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20	Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
KITCHEN/DINING ROOM					
26	Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28	Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29	Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31	Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED	
KITCHEN/DINING ROOM (CONTINUED)					
33	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
38	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
39	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
40	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
41	Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
42	Cabinet/Drawer Pulls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
43	Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
44	Backsplash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45	Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
46	Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
47	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
48	Range/Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
49	Drip Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
50	Hood Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
51	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
52	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
53	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
54	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
56	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
57	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
58	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
STORAGE/OTHER <input type="checkbox"/> N/A					
59	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
60	Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
61	Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
62	Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
63	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
64	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
65	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
66	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
67	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
68	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
69	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
70	Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
71	Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
72	Deck/Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
73	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
74	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
STORAGE/OTHER (CONTINUED)				
75 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
76 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
77 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MASTER BEDROOM <input type="checkbox"/> N/A				
78 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
79 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
80 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
81 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
83 Closet Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
84 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
85 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
86 Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
87 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
88 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
89 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
90 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
91 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
92 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
93 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
94 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
95 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
96 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
97 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
98 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
99 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
100 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
101 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
102 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BEDROOM 2 <input type="checkbox"/> N/A				
103 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
104 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
105 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
106 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
107 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
108 Closet Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
109 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
110 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
111 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
112 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
113 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
114 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
115 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED	
BEDROOM 2 (CONTINUED)					
116	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
117	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
118	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
119	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
120	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
121	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
122	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
123	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
124	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
125	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
126	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BEDROOM 3 <input type="checkbox"/> N/A					
127	Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
128	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
129	Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
130	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
131	Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
132	Closet Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
133	Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
134	Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
135	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
136	Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
137	Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
138	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
139	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
140	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
141	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
142	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
143	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
144	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
145	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
146	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
147	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
148	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
149	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
150	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ESSENTIAL SERVICES					
151	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
152	Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
153	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
154	Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
155	Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BATHROOM 1 <input type="checkbox"/> N/A				
156 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
157 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
158 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
159 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
160 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
161 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
162 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
163 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
164 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
165 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
166 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
167 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
168 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
169 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
170 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
171 Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
172 Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
173 Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
174 Cabinet/Drawer Pulls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
175 Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
176 Mirror/Med Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
177 Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
178 Toilet Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
179 Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
180 Shower/Tub Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
181 Showerhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
182 Tub Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
183 Towel Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
184 Toilet Paper Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
185 Shower Rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
186 Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
187 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
188 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
189 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
190 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
191 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
192 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
193 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BATHROOM 2 <input type="checkbox"/> N/A				
194 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
195 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
196 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
197 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BATHROOM 2 (CONTINUED)				
198 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
199 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
200 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
201 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
202 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
203 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
204 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
205 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
206 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
207 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
208 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
209 Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
210 Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
211 Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
212 Cabinet/Drawer Pulls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
213 Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
214 Mirror/Med Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
215 Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
216 Toilet Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
217 Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
218 Shower/Tub Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
219 Showerhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
220 Tub Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
221 Towel Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
222 Toilet Paper Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
223 Shower Rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
224 Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
225 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
226 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
227 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
228 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
229 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
230 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
231 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ADDITIONAL NOTES/COMMENTS

ADDITIONAL NOTES/COMMENTS (CONTINUED)

RESIDENT:

I accept this unit in clean condition and good repair except as noted above.

X RESIDENT _____	DATE _____	X RESIDENT _____	DATE _____
X RESIDENT _____	DATE _____	X RESIDENT _____	DATE _____
X RESIDENT _____	DATE _____	X RESIDENT _____	DATE _____

OWNER/AGENT:

- Owner/Agent accepts and agrees with the conditions noted above.
- Owner/Agent disputes the following conditions noted above and will be seeking third party validation. Resident is required to participate in the validation process in good faith.

Owner/Agent has not received a completed Condition at Move-In report from Resident by the due date set forth above. Owner/Agent has thereby completed this form and submitted it to Resident within 17 days of move-in (photos enclosed).

X
OWNER/AGENT _____ DATE _____